



AMENDMENT TRANSMITTAL LETTER					Docket Number BFM-01702																																																		
Application Number 10/760,574	Filing Date January 20, 2004	Examiner Mohamed Charoui	Group Art Unit 2857																																																				
Invention Title WIRE FAULT DETECTION																																																							
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application, including: <div style="margin-left: 40px;"><input checked="" type="checkbox"/> (X) Amendment and Response to Office Action <input checked="" type="checkbox"/> (X) Petition for Extension of Time (in duplicate) <input checked="" type="checkbox"/> (X) PTO Form 2038 <input checked="" type="checkbox"/> (X) Change of Address <input checked="" type="checkbox"/> (X) Return Postcard</div> <div style="text-align: center;">CLAIMS AS AMENDED</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 25%;"></th><th style="width: 15%; text-align: center;">(1)</th><th style="width: 10%;"></th><th style="width: 15%; text-align: center;">(2)</th><th style="width: 15%; text-align: center;">(3)</th><th style="width: 15%;"></th><th style="width: 10%;"></th></tr><tr><th></th><th style="text-align: center;">CLAIMS REMAINING AFTER AMENDMENT</th><th></th><th style="text-align: center;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th><th style="text-align: center;">PRESENT NUMBER EXTRA</th><th style="text-align: center;">RATE</th><th style="text-align: center;">FEE</th></tr></thead><tbody><tr><td>TOTAL CLAIMS</td><td style="text-align: center;">32</td><td></td><td style="text-align: center;">30</td><td style="text-align: center;">2</td><td style="text-align: center;">x \$ 50</td><td style="text-align: center;">\$ 100.00</td></tr><tr><td>INDEPENDENT CLAIMS</td><td style="text-align: center;">10</td><td style="text-align: center;">Minus</td><td style="text-align: center;">8</td><td style="text-align: center;">2</td><td style="text-align: center;">x \$200</td><td style="text-align: center;">\$ 400.00</td></tr><tr><td>MULTIPLE DEPENDENT CLAIM ADDED</td><td colspan="4"></td><td style="text-align: center;">\$360</td><td style="text-align: center;">\$</td></tr><tr><td colspan="5"></td><td style="text-align: center;">TOTAL</td><td style="text-align: center;">\$ 500.00</td></tr><tr><td colspan="4" style="padding: 5px;">If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.</td><td colspan="2" style="text-align: center; padding: 5px;">SMALL ENTITY TOTAL</td><td style="text-align: center; padding: 5px;">\$</td></tr></tbody></table> <div style="margin-top: 10px;"><p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p><div style="margin-left: 40px;"><p>() Please charge Deposit Account Number 503596 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p><p>(X) Please charge \$500.00 to our credit card. Attached is PTO Form 2038.</p><p>(X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596.</p></div></div> <div style="margin-top: 20px; display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div><div style="margin-top: 5px;">Donald W. Muirhead, Reg. No. 33,978</div><div style="margin-top: 10px;">November 1, 2005 Date</div></div><div style="width: 45%; border: 1px solid black; padding: 10px; text-align: center;"><p style="font-size: small;">I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 1, 2005.</p><div style="margin-top: 10px;"><div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div><div style="margin-top: 5px;">Bonny Rogers</div></div></div></div>								(1)		(2)	(3)				CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE	TOTAL CLAIMS	32		30	2	x \$ 50	\$ 100.00	INDEPENDENT CLAIMS	10	Minus	8	2	x \$200	\$ 400.00	MULTIPLE DEPENDENT CLAIM ADDED					\$360	\$						TOTAL	\$ 500.00	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$
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